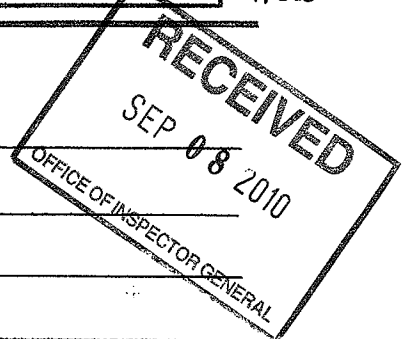


**Application for License to  
Operate a Long-term Care Facility**

For Office Use Only  
Received 9/8/10  
Amount 1920.00

#4152



**I. IDENTIFICATION**

Name Friendship Manor  
Address 7400 Lagrange Rd  
City/County/Zip Pewee Valley Oldham 40056-0307  
Telephone number 502-241-8821  
Administrator Leslie J. Butterfield  
Date facility operation began at current address May 1969  
Date facility began operation under current owner May 1969

<b>II. TYPE BEDS</b>	<b>No. beds licensed</b>	<b>No. beds requested</b>
Skilled	<u>                    </u>	<u>                    </u>
Nursing Home	<u>                    </u>	<u>                    </u>
Nursing Facility	<u>128</u>	<u>128</u>
Intermediate Care	<u>                    </u>	<u>                    </u>
ICF/MR	<u>                    </u>	<u>                    </u>
Personal Care	<u>                    </u>	<u>                    </u>

**II. CONTROL** (check one in each column)

State	Profit	Individual
County	Nonprofit <input checked="" type="checkbox"/> X	Partnership
City		Corporation <input checked="" type="checkbox"/> X
Private <input checked="" type="checkbox"/> X		

**II. OWNERSHIP**

Name and address of individual owner, partners or corporation. If partnership, list partners.

Rural Educational Association of Kentucky  
7400 Lagrange Rd  
Pewee Valley, Ky 40056-0307

(OVER)

If facility owned or leased by a corporation, complete the following:

Name of corporation Rural Educational Association of Ky  
Address of corporation 7400 Lagrange Rd Pewee Valley Ky  
40056-0307  
President or Chairman Joe Butterfield  
Vice President Harold Roy  
Secretary Leslie J. Butterfield  
Treasurer Leslie J. Butterfield

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent

Management Company

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Leslie J. Butterfield

Signature of authorized representative

Admin

Title

9-06-10

Date

Return Application and fee to:

Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

OIG 5  
(10/2002)

**RURAL EDUCATIONAL ASSN. OF KENTUCKY  
BOARD MEMBERS & ADDRESSES**

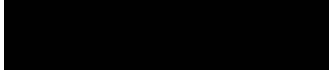
**PRESIDENT**

W. Joe Butterfield



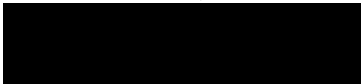
**VICE-PRESIDENT**

Elder Harold Roy

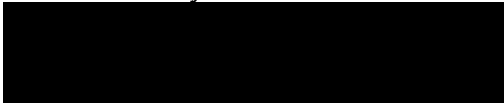


**SECRETARY/TREASURER**

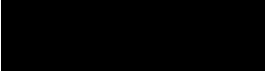
Leslie Butterfield



Elder Steve Haley



Charles P. Harris, Jr.



John Leland



Scott Edens



Irene Walper



Robert Young

